

**FEC
FORM 1****STATEMENT OF
ORGANIZATION**

(See instructions)

Office use only

1. NAME OF
COMMITTEE (in full)☐(Check if name
is changed)Example: If typing, type
over the lines

12FE4M5

Citizens Organized Political Action Committee

ADDRESS (number and street)

1800 Avenue of the Stars☐(Check if address
is changed)**Suite 900****Los Angeles****CA****90067**

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

jkoeper@irell.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

Citizens Organized Political Action Committee

COMMITTEE'S FAX NUMBER

3102825685

2. DATE

M M
0 2/ D D
2 2/ Y Y Y Y
2 0 0 8

3. FEC IDENTIFICATION NUMBER

C C00110585

4. IS THIS STATEMENT

☐

NEW (N)

OR

☒

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete

Type or Print Name of Treasurer

Marvin S. Shapiro, Esq.

Signature of Treasurer

Electronically Filed by **Marvin S. Shapiro, Esq.**

Date

M M
0 2/ D D
2 8/ Y Y Y Y
2 0 0 8

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. § 437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office
Use
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100**FEC FORM 1**
(Revised 02/2003)

Write or Type Committee Name

Citizens Organized Political Action Committee

7. **Custodian of Records:** Identify by name, address, (phone number -- optional), and position of the person in possession of Committee books and records.

Full Name

Mailing Address

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone number

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name
of Treasurer**Marvin S. Shapiro, Esq.**

Mailing Address

1800 Avenue of the Stars**Suite 900****Los Angeles****CA****90067**

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone number

Full Name of
Designated
Agent

Mailing Address

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone number

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address _____

_____-____-

CITY ▲ STATE ▲ ZIP CODE ▲